

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: POLYMERIC SYSTEMS FOR DRUG
DELIVERY AND USES THEREOF
Attorney Docket Number:: 920041.416C1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 28
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency::
Contract or Grant No::
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: John
Middle Name:: K.
Family Name:: Jackson
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: CA
Street of mailing address:: 540 West 29th Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: CA
Postal or Zip Code of mailing address:: V5Z 2H7

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Xichen
Middle Name::
Family Name:: Zhang
Name Suffix::
City of Residence:: Castro Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4353 Lawrence Drive
City of mailing address:: Castro Valley
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94546

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Helen
Middle Name:: M.
Family Name:: Burt
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: CA
Street of mailing address:: 240 East 40th Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: CA
Postal or Zip Code of mailing address:: V5W 1L8

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
----------------------------------	--	--------------

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/181,582	10/28/98
09/181,582	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/063,721	10/29/97
09/181,582	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/076,842	03/04/98

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	The University of British Columbia
Street of mailing address::	#103-6190 Agronomy Road
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	CA
Postal or Zip Code of mailing address::	V6T 1Z3

Assignee name::	Angiotech Pharmaceuticals, Inc.
Street of mailing address::	1618 Station Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	CA
Postal or Zip Code of mailing address::	V6A 1B6

F:\Pat\ADS.doc [9/19/01]